

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) GONZALEZ, JULIO A	2. SOCIAL SECURITY NO. 094-80-8455	3. DATE OF BIRTH 07/23/1992	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT	CLAIMS NAVY SEAL	2010-2015,	INJURED			
b. RESERVE COMPONENT	PLEASE SEND DETAILED DUTY ASSIGNMENTS, COMBAT HISTORY AND GEOGRAPHICAL LOCATIONS -					
c. NATIONAL GUARD	Please DO NOT SUMMARIZE the assignments - dates, units, locations needed. PLEASE PROVIDE ORDERS AND CITATION TEXT FOR ANY AWARDS OF VALOR					
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☒ **DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): _____
If more than one period of service was performed, even in the same branch, there may be more than one DD214.
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214. ☐
The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

and ☒ **All Documents in Official Military Personnel File (OMPF)**

- ☐ **Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____

- ☒ **Other (Specify):** **FOIA REQUEST: MINIMALLY - SPECIAL ORDERS; list of and dates for AWARDS,**

2. PURPOSE: **DECORATIONS, DETAILED SCHOOLS and TRAINING courses and dates**
response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request. Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal

- ☒ Other, explain: **FRAUD INVESTIGATION**

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- ☐ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran: _____

(Relationship)

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

- ☐ Legal guardian (Must submit copy of court appointment.)
☒ Other (specify) **Network Fraud Investigator**

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

P.O.W. NETWORK

Name **Mary Schantag**

Street **102 Vixen Circle, Unit C** Apt. **Branson, MO 65616**

City _____ State _____ Zip Code _____

3. AUTHORIZATION SIGNATURE WHEN REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Signature Required / Do not print

Date

Daytime phone **417 336-4232**

Fax Number

Email address

info@pownetwork.org



P.O.W. NETWORK

Mary Schantag, Chairman

The P.O.W. NETWORK is an educational non-profit 501 (c) (3) organization - IRS 42-1360 341
28 Years of Service - November 11, 2017



P.O. Box 68
Skidmore, MO 64487-0068
660-928-3304

<http://www.pownetwork.org>
<http://www.fakewarriors.org>

102 Vixen Circle, Unit C
Branson, MO 65616
417-336-4232

info@pownetwork.org
info@fakewarriors.org

DATE: 09/26/18
RE NAME: GONZALEZ, JULIO A
SERVICE NUMBER // SOCIAL SECURITY NUMBER
// 094-80-8455
DOB: 07/23/1992
CLAIMS NAVY SEAL 2010-2015, INJURED

THIS IS AN FOIA (FREEDOM
OF INFORMATION ACT,
5 U.S.C. - 552)
REQUEST.
NO VETERANS RELEASE
IS NECESSARY.

We request a complete and thorough search of all filing systems and **locations for all records maintained by your agency** pertaining to and/or captioned Military Service Records including, the entire contents without limitation files and documents captioned, or whose captions include but are not limited to: Enlistment Records, Training Records, Awards and Decorations, duty stations - detailed for assignments and geographical location, **for the purposes of providing under the FOIA request: as much as possible of the "PUBLIC INFORMATION THAT CAN BE RELEASED UNDER THE FREEDOM OF INFORMATION ACT" ON THE ABOVE NAMED INDIVIDUAL** needed for verifying possible fraudulent CLAIMS of; MILITARY service; CLAIMS of awards and medals earned; CLAIMS of unit or unit TDA, CLAIMS of schooling or training. **Please provide minimally:** Time in military, overseas duty dates, **DETAILED duty assignments, COMBAT HISTORY, dates, locations and units served with, awards and decorations (ORDERS AND CITATION TEXT FOR ANY AWARDS OF VALOR)**, **VERIFICATION OR DENIAL OF AWARDS, TRAINING, RANK STATUS**, any court martial details and a **COPY OF THE DD214 AND DD215.**

WE WILL ACCEPT REDACTED DOCUMENTS WITHOUT APPEAL. We can be reached at telephone listed above. Please call rather than write if there are any questions or if you need additional information from us. We expect a response to this request within TWENTY (20) working days, as provided for in the Freedom of Information Act. Per FOIA instructions, we are asking that any FEES be waived should any be incurred. We are an educational **non profit, CLASS 2**. In addition, exposing these claims of service is a public service and in some cases the fraud a federal crime.

Sincerely,

PLEASE MAIL INFORMATION TO:

P.O.W. NETWORK
Mary Schantag
102 Vixen Circle, Unit C
Branson, MO 65616

**CLAIMS MADE MAY NOT REPRESENT
ACTUAL SERVICE, IF ANY.**

**PLEASE PROVIDE DATES WITH
EACH DUTY ASSIGNMENT AND GEO
LOCATION REQUESTED.**

**IT'S IMPOSSIBLE TO PROVE LIES OR
AUTHENTICATE STORIES WITHOUT
DATES TO GO WITH ASSIGNMENTS.**

**PLEASE DO NOT SEPARATE OR
SUMMARIZE THAT INFORMATION.**